



**STATE OF TENNESSEE  
ALCOHOLIC BEVERAGE COMMISSION**

Davy Crockett Tower  
500 James Robertson Parkway, 3<sup>rd</sup> Floor  
Nashville, TN 37243  
615-741-1602

[www.tn.gov/abc](http://www.tn.gov/abc)

4420 Whittle Springs Road  
Knoxville, TN 37917  
865-594-6342

One Commerce Square  
40 South Main Street  
4th Floor, Suite 415  
Memphis TN 38103  
901-543-7284

540 McCallie Avenue, Suite 341  
Chattanooga, TN 37402-2055  
423-634-6434



**APPLICATION TO BE  
SUBMITTED  
IN DUPLICATE**

**Business Check, Money Order or Cashiers Check ONLY**

ALL signature spaces MUST  
be signed and notarized.

**PREMIERE TYPE TOURIST RESORT LICENSE APPLICATION**

**APPLICATION FEE  
NON-REFUNDABLE**

Date: \_\_\_\_\_, 20\_\_\_\_\_

Name of Corp./LLC/LP, SP, etc: \_\_\_\_\_

hereby make application for a permit to sell alcoholic beverages on premise at the following location \_\_\_\_\_

Doing Business As \_\_\_\_\_

(Specify nature of establishment, whether restaurant, hotel, or private club) \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

City, State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address (if different from Business Address) \_\_\_\_\_

**Each Question Must Be Fully Answered, (use N/A if not applicable)**

1. Are you and all partners (if any) United States Citizens? \_\_\_\_\_ All applicants must complete form AB-0116 – Declaration of Citizenship.
2. Does your Premiere Type Tourist Resort fulfill the requirements of T.C.A. § 57-4-102(26)? \_\_\_\_\_
  - (a) List the applicable paragraph letter of T.C.A. § 57-4-102(26) that describes the Premiere Type Tourist Resort (A-VV): \_\_\_\_\_
  - (b) Attach verifying affidavit listing the applicable qualifications of the Premiere Type Tourist Resort.
3. If a corporation, when and where chartered? \_\_\_\_\_
4. Have you, your partners, or any other person having any kind of interest in your business ever been convicted for any offense under the laws of the State of Tennessee or of any other State of the United States? \_\_\_\_\_  
If answer is yes, specify furnishing date, place, offense and disposition \_\_\_\_\_
5. Have you, your partners, or any other person having any kind of interest in this business been convicted of **ANY** offense under the laws of the State of Tennessee, or of any other State, or of the United States, prohibiting, or regulating the sale, possession, transportation, storing, manufacturing or otherwise handling alcoholic beverages or of any felony within ten (10) years preceding the date of this application? \_\_\_\_\_ If answer is yes, specify furnishing date, place, offense and disposition \_\_\_\_\_
6. Have you or your partners (if any) ever been cited to appear before the Commissioner of Revenue or the Tennessee Alcoholic Beverage Commission and charged with a violation of the law or rules and regulations made pursuant to law? \_\_\_\_\_

7. In whose name is the Alcohol Dealer Registration (TTB F 5630.5d) issued at this location? \_\_\_\_\_
8. Give the names and addresses of persons related to you by blood, marriage, or otherwise who own, operate, or have any interest either in a Retail Store, Wholesale Distributor, Distillery or Supplier.  
\_\_\_\_\_
9. Do you or your partners own, operate or have any interest, directly or indirectly, in a Retail Liquor Store, Wholesale Distributor, Distillery or Supplier? \_\_\_\_\_
10. Give the names and addresses of all persons other than those shown on the application who have any kind of interest – financial, loans, gifts, or securing loans, or otherwise – made for carrying on said business and describe such interest: \_\_\_\_\_  
\_\_\_\_\_
11. Give the names and addresses of all persons other than those shown on the application who share in the profits from your business and state their interest: \_\_\_\_\_  
\_\_\_\_\_
12. Give the name and address of the owner of the premises on which the business is to be located and the amount of the rental, if any. Also submit for our files a copy of any lease agreement which has or may be entered into. All persons having any interest direct or indirect in such places must be designated and interest specified: \_\_\_\_\_  
\_\_\_\_\_
13. Who will be in active control in the management of the business (i.e. on premise managers)? \_\_\_\_\_
- (a) Designate the person or persons who will be in charge of the operation on the premises in the absence of the licensee or person primarily charged (i.e. assistant managers). \_\_\_\_\_
- (b) **Alcoholic Beverage Commission shall be notified within seven (7) days of any person(s) assuming managerial duties. Individual questionnaires shall be submitted with such notification.**
14. Give the name and address of any other business in which you or your partners, if any, are actively engaged:  
\_\_\_\_\_  
\_\_\_\_\_
15. Do you agree to accept full responsibility for the action of any employee in the conduct of your business? \_\_\_\_\_
16. If this is an application for a renewal permit, state whether or not you received any financial assistance, loans, or otherwise, during the previous year? \_\_\_\_\_
17. If the answer to question 16 is “yes,” state all facts and details in connection with said financial assistance, loans or otherwise:  
\_\_\_\_\_  
\_\_\_\_\_
18. Are you indebted to the State of Tennessee for any tax or does the State of Tennessee have any tax claim against you? If so, set forth amount and details: \_\_\_\_\_
- (a) Furnish Tennessee Sales Tax Registration Number: \_\_\_\_\_
19. Give name and address of any relative employed by the Tennessee Alcoholic Beverage Commission and degree of relationship.  
\_\_\_\_\_

**WARNING:** “YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW”

All data, written statements, affidavits, evidence or their documents submitted in support hereof,  
or upon bearing hereon, shall be deemed to be a part of this application.

The applicant or applicants agrees that the place for which application is made will be operated in conformity with Chapter 257,  
Public Acts of 1963, and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter be, in force.

**\* “THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT” \***

Application authorized by \_\_\_\_\_  
Print Name, Owner of Establishment

\_\_\_\_\_  
Print Name, Applicant

\_\_\_\_\_  
Signature, Owner of Establishment

\_\_\_\_\_  
Signature, Applicant

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

NOTARY SEAL

**For TABC Validation ONLY**

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are  
Equal Opportunity Employers. Discrimination, in any of its practices, which is  
based on age, race, sex, color, religion, national origin, disabling condition or any  
other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage  
Commission is an equal opportunity, equal access, affirmative action public entity.

**FOR ADDITIONAL INFORMATION:**

Contact the agency ADA Coordinator for this state agency: Assistant Director at  
615-741-1602 or the Tennessee Office of Americans with Disabilities, Department  
of Personnel. Alternate formats of this notice are available on request